

**BEFORE THE MINNESOTA
BOARD OF DENTISTRY**

In the Matter of
Thomas R. Swenson, D.D.S.
License No. D10339

**STIPULATION AND ORDER FOR
CONDITIONAL LICENSE**

The Minnesota Board of Dentistry ("Board") is authorized pursuant to Minn. Stat. ch. 150A, § 214.10, and § 214.103 to license and regulate dentists, to refer complaints against dentists to the Attorney General for investigation, and to take disciplinary action when appropriate.

The Board received a complaint against Thomas R. Swenson, D.D.S. ("Licensee"). The Board's Complaint Committee ("Committee") reviewed the complaint and referred it to the Attorney General for investigation. Following the investigation, the Committee held a conference with Licensee. The Committee and Licensee have agreed that the matter may now be resolved by this stipulation and order.

STIPULATION

IT IS HEREBY STIPULATED AND AGREED by and between Licensee and the Committee as follows:

A. Jurisdiction. Licensee holds a license to practice dentistry in the State of Minnesota from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this stipulation. Licensee states that Licensee does not hold a license to practice dentistry in any other jurisdiction and does not hold any other professional or occupational licenses.

B. Facts. This stipulation is based upon the following facts:

Improper Billing

1. Licensee followed improper billing procedures for services rendered, as follows:

a. On December 30, 1998, Licensee documented he prepared teeth #6, #7, #8, #9, #10, and #11 for crowns on patient 1. On January 21, 1999, Licensee seated the six crowns. Licensee subsequently submitted a claim form which indicated the date of service as December 30, 1998, for teeth #7, #8, and #9. Licensee acknowledged during the investigation that patient 1's insurance paid for three crowns per year, so he billed for three crowns in 1998 and three crowns in 1999.

b. On December 9, 1999, Licensee also completed endodontic treatment on tooth #29 on patient 2 but submitted a claim form indicating the date of service as January 3, 2000. On a Post-It note affixed to patient 2's progress notes, staff noted "pt maxed for 99, don't enter until after 1-2000 for #29 RCT per Dr. Swenson." During the investigation, Licensee acknowledged he treated tooth #29 endodontically in 1999 and waited until 2000 to bill the insurance provider to obtain benefit coverage.

c. On May 27, 1999, Licensee documented he prepared teeth #7 through #10 for crowns on patient 3 and submitted a claim form on that date. Licensee did not, however, seat the four crowns until June 10, 1999. On December 7, 1999, Licensee resubmitted the original claim requesting an adjustment. Licensee now claimed teeth #8 and #9 were prepared on May 27, 1999, and teeth #7 and #10 were prepared on June 10, 1999.

d. On December 21, 1999, Licensee prepared teeth #6 and #8 for a bridge on patient 5. Licensee documented seating the bridge on December 30, 1999, but submitted a claim form indicating the date of service as December 21, 1999. Additionally, Licensee prepared teeth #9 through #11 for a bridge on December 30, 1999, and seated the

bridge on January 13, 2000, but submitted a claim form which indicated the date of service was January 3, 2000. Staff noted on patient 5's progress notes "per Dr. Swenson, bill out to insurance on January 3, 2000." During the investigation, Licensee stated he seated both the bridges (#6-8 and #9-11) on January 13, 2000. Licensee stated he submitted a claim form for one of the bridges in 1999 and the other in 2000, because the patient requested he do so since she could not afford to pay for the bridges, and he wanted her to "look good."

e. On April 13, 1999, Licensee documented he prepared teeth #8 and #9 for a bridge with a cantilever for #7 on patient 6. On April 26, 1999, Licensee seated the bridge but submitted a claim form which indicated the date of service was December 29, 1998. During the investigation, Licensee acknowledged he provided the services to patient 6 in 1999 but billed for them in 1998 as requested by the patient.

f. On January 25, 2000, Licensee submitted a claim form for preparation of a crown on tooth #29 on patient 10. Licensee indicated the date of service was January 25, 2000. During the investigation, Licensee acknowledged he did not prepare the crown until November 30, 2000. Licensee stated patient 10 asked him to bill the work in January but perform the work at a later date because she could not afford it in January.

g. On June 16 and December 16, 1999, Licensee saw patients 11 and 12 for recall appointments. Licensee submitted claim forms which indicated the dates of service were June 21 and December 21, 1999, for both patients. On a Post-It note affixed to patient 11's progress notes, staff noted "please post date treatment 'till the 21st. Thanks A." During the investigation, Licensee acknowledged his use of different service dates for billing because on June 16, 1999, it was discovered the patients were not due for an appointment until June 21, 1999, and therefore the insurance company would not have provided coverage for the actual dates of service. Licensee stated patient 11's and 12's mother asked him to proceed with the

appointments but to bill the insurance company at a later date. Upon submission of a corrected claim, the insurer responded that there was coverage for the actual dates of service.

h. On November 11, 1997, Licensee submitted claim forms to both patient 16's primary insurance company and secondary insurance provider (Medical Assistance). However, during the investigation, Licensee stated he always bills the private insurance company first, and if there is a balance, he bills Medical Assistance second.

During the conference with the Committee on September 18, 2003, Licensee acknowledged he inappropriately submitted claims to various insurance providers because, in needy cases, he was unable to refuse patients' requests to do so. Licensee also stated some of the discrepancies in his billing practice arose because insurance companies do not uniformly require crowns to be billed on the "seat date." Licensee stated he currently submits claim forms for all crowns based on the seat date and refuses patients' requests for submission to insurance companies to maximize coverage.

Substandard Diagnostic and Operative Care/Recordkeeping

2. Licensee failed to adequately document pertinent information and/or provide appropriate diagnostic and operative care when performing dental treatment on one or more of his patients. Examples include the following:

a. Licensee failed to document his diagnosis and/or provide operative treatment to the radiolucent areas on the distal aspects of teeth #2 and #21 on patient 1, as evident on the September 17, 1999, bitewing radiographs. Furthermore, Licensee failed to document and/or diagnose that teeth #16 and #17 were impacted, as seen on the July 20, 1998, and June 21, 2000, periapical radiographs.

b. Licensee failed to document his diagnosis and/or provide operative treatment to the radiolucent area on the mesial aspect of tooth #18 on patient 2, as evident on the March 23 and December 19, 2000, periapical radiographs.

c. Licensee failed to document his diagnosis and/or provide operative treatment to the following radiolucent areas on patient 3: the mesial or facial aspects of tooth #3 and the mesial aspect of tooth #6, as evident on the December 15, 1998, full mouth radiographs. Furthermore, Licensee failed to document the following: tooth #10 needed a post, and fracture wires are apparent in the areas of teeth #17 and #32, as evident on the same radiographs.

d. Licensee failed to operatively treat the caries on teeth #19 and #30 on patient 4 in a timely manner. On April 28, 1998, Licensee performed an initial examination and took two bitewing radiographs that revealed large radiolucent areas on the mesial aspects of teeth #19 and #30. However, Licensee failed to treat tooth #19 until November 14, 2000, when patient 4 presented with pain. Both teeth #18 and #19 were abscessed requiring endodontic treatment. As of November 14, 2000, the final entry in patient 4's progress notes, Licensee failed to treat tooth #30 but had provided operative treatment to other teeth having less significant decay. In addition, Licensee failed to document that tooth #17 was impacted.

e. Licensee failed to document his diagnosis and/or operatively treat the caries on tooth #17 on patient 13, despite seeing the patient every six months for an examination and cleaning. On August 27, 1998, Licensee performed an examination and took three bitewing radiographs but failed to document and/or treat the radiolucent area on the distal aspect of tooth #17, as evident on the August 27, 1998, bitewing radiographs.

f. On February 25, 1997, Licensee took a periapical radiograph of tooth #14 on patient 19 but failed to diagnose and operatively treat the radiolucent areas on the mesial and distal aspects of tooth #14. On January 14, 1999, Licensee diagnosed the caries on

tooth #14 and on April 26, 1999, performed endodontic treatment due to the extensive decay on tooth #14.

Substandard Endodontic Care/Recordkeeping

3. Licensee failed to adequately document pertinent information and/or provide appropriate endodontic treatment when performing endodontic care on one or more of his patients. Examples include the following:

a. Licensee failed to document in patient 5's record that the obturation of the root canal on tooth #4 was short, which was completed by a previous dentist and evident on the March 13, 2000, periapical radiograph.

b. Licensee failed to obtain diagnostic preoperative and/or postoperative periapical radiographs when providing endodontic treatment to patients 8, 9, and 17, as follows:

1) Licensee failed to obtain preoperative periapical radiographs for the endodontic treatment of teeth #5, #20, and #29 on patient 8 on December 21, 2000.

2) Licensee failed to obtain a preoperative periapical radiograph for the endodontic treatment of tooth #7 on patient 9 on August 8, 2000.

3) Licensee failed to obtain a preoperative periapical radiograph for the endodontic treatment of tooth #15 on patient 17 on January 6, 2000.

c. Licensee failed to perform appropriate diagnostic evaluations of the pulpal and periradicular status of teeth and/or document the pulpal and periradicular diagnosis before providing endodontic treatment for patients 8, 9, 10, 14, 17, and 18. For example:

1) Licensee failed to perform adequate pulp testings and/or document diagnoses for the endodontic treatment on teeth #5, #20, and #29 on patient 8 on December 21, 2000.

2) Licensee failed to perform adequate pulp testing and/or document a diagnosis for the endodontic treatment on tooth #7 on patient 9 on August 8, 2000.

3) Licensee failed to perform adequate pulp testing and/or document a diagnosis for the endodontic treatment on tooth #29 on patient 10 on December 16, 1999.

4) Licensee failed to perform adequate pulp testing and/or document a diagnosis for the endodontic treatment on tooth #30 on patient 14 on April 17, 1997.

5) Licensee failed to perform adequate pulp testing and/or document a diagnosis for the endodontic treatment on tooth #15 on patient 17 on January 6, 2000. Licensee referred the patient to an endodontist to complete treatment.

6) Licensee failed to perform adequate pulp testing and/or document a diagnosis for tooth #14 on patient 18 on July 10, 2000, and for treatment on December 6, 2000.

d. Licensee failed to consistently document endodontic treatment information such as the patient's chief complaint, working length measurements, and type of obturation material used for patients 8, 9, 10, 14, and 18 when providing endodontic treatment as stated in paragraphs c.1) to 6) above.

e. As evidenced by Licensee's failure to document rubber dam use in the patients' progress notes on the treatment dates indicated in paragraphs c.1) to 6) above, Licensee apparently failed to utilize rubber dam isolation when providing endodontic treatment to patients 8, 9, 10, 14, 17, and 18.

Substandard Periodontal Care/Recordkeeping

4. Licensee failed to adequately document pertinent information and/or provide appropriate periodontal treatment when performing periodontal care on one or more of his patients. Examples include the following:

a. Licensee failed to document and/or provide adequate periodontal care to patients 1, 5, and 6. Specifically, Licensee did not document that he completed prophylaxis, full mouth periodontal probings, periodontal charting, and/or further assessments of the status of the patients' periodontal health. Additionally, Licensee failed to obtain full mouth radiographs on patient 1 for a periodontal diagnosis.

b. Licensee failed to document and/or provide adequate periodontal care on patients 8 and 9, including: a full mouth periodontal probing, periodontal charting and/or further assessment of the status of the patients' periodontal health, and full mouth radiographs for periodontal diagnosis.

c. Licensee initially provided periodontal care to patients 2, 7, 13, 15, and 16 that included periodontal probing and charting, but he subsequently failed to maintain documentation and/or provide periodontal care to these patients. Specifically, patient 16's initial periodontal status on May 8, 1989, indicated concerns of extensive edema, hemorrhage, and plaque along with one 5 mm pocket. Also on June 28, 1990, and July 1, 1991, patient 16's progress notes indicated similar concerns of moderate plaque and tissue swelling and inflammation. However, Licensee failed to provide appropriate periodontal treatment and/or refer patient 16 to a periodontist in a timely manner.

Substandard Radiographic Diagnosis/Recordkeeping

5. Licensee failed to take a sufficient number of radiographs for the purpose of assessing patients' dental health. Examples include the following:

a. From November 18, 1996, through November 18, 2000, Licensee provided extensive restorative treatment to patient 1, including a bridge and numerous individual crowns. However, Licensee inconsistently took periapical radiographs before crown preparations and failed to take a full mouth series of radiographs.

b. On December 20, 2000, Licensee saw patient 8 for an initial examination and prophylaxis and obtained two bitewing and two periapical radiographs. Without obtaining a comprehensive full mouth series of radiographs, Licensee documented 20 of patient 8's teeth needed extensive restorative treatment.

c. Of the 17 adult patient records reviewed, only six records contained a full mouth series of radiographs.

Additional Substandard Recordkeeping

6. Licensee failed to generate or maintain adequate patient records.

Examples include the following:

a. Licensee failed to obtain personal patient data such as the name and telephone number of an emergency contact person on patients 2, 6, 7, 9, 16, and 19.

b. Licensee failed to consistently and thoroughly document the following patient information: initial medical histories on patients 16 and 17 and routinely updated medical histories on patients 1, 6, 7, and 14.

c. Licensee failed to obtain adequate clinical examination records for many of the patients whose records were reviewed, including the status of their existing oral health, radiographs, or any other diagnostic aids.

d. Licensee failed to properly document and/or provide a comprehensive examination on patients 1, 3, 4, 11, 15, and 17 before providing treatment.

e. Licensee failed to document that he formulated a proper treatment plan or treatment options for many of the patients whose records were reviewed.

f. Licensee failed to document that he obtained informed consent for treatment he provided to many of the patients whose records were reviewed.

g. Licensee failed to document all medications used and all materials placed during treatment procedures for patients 1 through 10 and 13 through 19 including, but not limited to, the type and amount of local general anesthetic administered, antibiotic premedication, and all dental materials used in either operative, prosthodontic, or endodontic procedures.

h. When documenting the treatment provided to patients 1 through 7 and 14 through 19, Licensee failed to consistently identify himself as the dental provider by noting his name or initials in the patients' treatment record.

C. Violations. Licensee admits that the facts and conduct specified above constitute violations of Minn. Stat. § 150A.08, subd. 1(6), and Minn. R. 3100.6200B and I and 3100.9600 and are sufficient grounds for the disciplinary action specified below.

D. Disciplinary Action. Licensee and the Committee recommend that the Board issue an order which places **CONDITIONS** on Licensee's license to practice dentistry in the State of Minnesota as follows:

CONDITIONS

1. Coursework. Within 12 months of the effective date of this order, or such later deadline as necessitated by disapproval by the Committee of coursework or reports that must be approved by it under this stipulation and order, Licensee shall successfully complete the coursework described below. All coursework must be approved in advance by the Committee. Licensee is responsible for locating, registering for, and paying for all coursework taken pursuant

to this stipulation and order. Licensee shall pass all courses with a grade of 70 percent or a letter grade "C" or better. Licensee's signature on this stipulation and order constitutes authorization for the course instructor(s) to provide the Committee with a copy of the final examination and answers for any course Licensee takes. Licensee's signature also authorizes the Committee to communicate with the instructor(s) before, during, and after Licensee completes the course to discuss Licensee's needs, performance, and progress. None of the coursework taken pursuant to this stipulation and order may be used by Licensee to satisfy any of the continuing dental education requirements of Minn. R. 3100.4100, subps. 1 and 2. The coursework is as follows:

a. Radiographic Technique and Interpretation. Licensee must successfully complete an undergraduate or continuing education course on radiographic technique and interpretation. The course must consist of a minimum of eight hours of instruction.

b. Boundaries. Licensee must complete an individually designed course in boundaries and ethics offered by Dr. Muriel Bebeau at the University of Minnesota Dental School. Licensee's signature on this stipulation and order constitutes authorization for Dr. Bebeau and the Committee to communicate before, during, and after Licensee completes the course to discuss his needs, performance, and progress.

c. Periodontics. Licensee must successfully complete an undergraduate or continuing education course in periodontics, including patient risk assessment and charting, advanced instrumentation and instrumentation techniques, and soft-tissue management. The course must consist of a minimum of 16 hours and include a hands-on clinical component.

d. Recordkeeping. Licensee must successfully complete four hours of instruction in recordkeeping and professional risk management. The courses may be

developed by a malpractice insurance carrier, must emphasize accurate and complete recordkeeping, and must be approved in advance by the Committee.

2. Written Reports and Information. Within 30 days of completing any coursework taken pursuant to paragraph 1. above, Licensee shall submit to the Committee for each course (a) a transcript or other documentation verifying Licensee has successfully completed the course if the course is a graduate or undergraduate dental school course, (b) a copy of all materials used and/or distributed in the course, and (c) a written report summarizing what Licensee learned in the course and how Licensee has implemented this knowledge into his practice. Licensee's report shall be typewritten in Licensee's own words, double-spaced, at least two pages and no more than three pages in length, and shall list references used to prepare the report. The report for recordkeeping classes shall include sample recordkeeping forms Licensee has begun to use in his practice. All reports and information are subject to approval by the Committee:

3. Office Visit. After completing the coursework and submitting the reports described above and before the removal of conditions as provided in paragraph E. below, Licensee shall submit to at least one unannounced office visit. The visit shall be conducted by a representative of the Board for the purpose of reviewing Licensee's recordkeeping and billing practices. The representative shall conduct the office visit during normal business hours and shall randomly choose and temporarily remove five to ten original patient records for duplication and review by the Committee. Licensee shall fully and timely cooperate with such inspections of his office and patient records.

4. Jurisprudence Examination. Within 90 days of the effective date of this stipulation and order, Licensee shall take and pass the Minnesota jurisprudence examination with a score of at least 90 percent. Licensee may take the jurisprudence examination within the

90-day period as many times as necessary to attain a score of 90 percent; however, Licensee may take the examination only once each day. Within ten days of each date Licensee takes the jurisprudence examination, Board staff will notify Licensee in writing of the score attained.

5. Reimbursement of Costs. Licensee shall pay the Board the sum of \$5000 as partial reimbursement for the Board's costs in this matter. Payments shall be made by certified check, cashier's check, or money order made payable to the Minnesota Board of Dentistry in two installments as follows: \$2500 within six months of the effective date of this order and \$2500 by the time Licensee petitions to have the conditions removed from his license.

6. Other Conditions.

a. Licensee shall comply with the laws or rules of the Board of Dentistry. Licensee agrees that failure to comply with the Board's laws or rules shall be a violation of this stipulation and order.

b. Licensee shall fully and promptly cooperate with the Board's reasonable requests concerning compliance with this stipulation and order, including requests for explanations, documents, office inspections, and/or appearances at conferences. Minn. R. 3100.6350 shall be applicable to such requests.

c. In Licensee's practice of dentistry, Licensee shall comply with the most current infection control requirements of Minn. R. 3100.6300 and 6950.1000 through 6950.1080 and with Centers for Disease Control and Prevention, Public Health Service, United States Department of Health and Human Services, *Recommended Infection-Control Practices for Dentistry, 1993*, MORBIDITY AND MORTALITY WEEKLY REPORT, May 28, 1993, at 1.

d. If the Board receives a complaint alleging additional misconduct or deems it necessary to evaluate Licensee's compliance with this stipulation and order, the Board's authorized representatives shall have the right to inspect Licensee's dental office(s) during

normal office hours without prior notification and to select and temporarily remove original patient records for duplication. Licensee shall fully and timely cooperate with such inspections of Licensee's office and patient records.

e. In the event Licensee should leave Minnesota to reside or practice outside the state, Licensee shall notify the Board in writing of the new location within five days. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Licensee's discipline in Minnesota unless Licensee demonstrates that practice in another state conforms completely to this stipulation and order.

E. Removal of Conditions. Licensee may petition to have the conditions removed from his license at any regularly scheduled Board meeting after Licensee has complied with all the conditions, provided that his petition is received by the Board at least 30 days prior to the Board meeting. At the time of his petition, Licensee shall have the burden of proving that Licensee has complied with the conditions. Upon consideration of the evidence submitted by Licensee or obtained through Board investigation, the Board may remove, amend, or continue the conditions imposed by this order.

F. Fine for Violation of Order. If information or a report required by this stipulation and order is not submitted to the Board by the due date, or if Licensee otherwise violates this stipulation and order, the Committee may fine Licensee \$100 per late report or other violation. Licensee shall pay the fine and correct the violation within five days after service on Licensee of a demand for payment and correction. If Licensee fails to do so, the Committee may impose additional fines not to exceed \$500 per violation. The total of all fines may not exceed \$5000. Licensee waives the right to seek review of the imposition of these fines under the Administrative Procedure Act, by writ of certiorari under Minn. Stat. § 480A.06, by application

to the Board, or otherwise. Neither the imposition of fines nor correction of the violation will deprive the Board of the right to impose additional discipline based on the violation.

G. Additional Discipline for Violation of Order. If, prior to the removal of the conditions, Licensee violates this stipulation and order, Minn. Stat. ch. 150A, or Minn. R. ch. 3100, the Board may impose additional discipline pursuant to the following procedure:

1. The Committee shall schedule a hearing before the Board. At least ten days prior to the hearing, the Committee shall mail Licensee a notice of the violation alleged by the Committee and of the time and place of the hearing. Within seven days after the notice is mailed, Licensee shall submit a response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

2. At the hearing before the Board, the Committee and Licensee may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board shall be limited to such affidavits and this stipulation and order. Licensee waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

3. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Licensee's practice, or suspension or revocation of Licensee's license.

H. Other Procedures for Resolution of Alleged Violations. Violation of this stipulation and order shall be considered a violation of Minn. Stat. § 150A.08, subd. 1(13). The Committee shall have the right to attempt to resolve an alleged violation of the stipulation and order through the procedures of Minn. Stat. § 214.103, subd. 6. Nothing herein shall limit (1) the Committee's right to initiate a proceeding against Licensee pursuant to Minn. Stat. ch. 14, or

(2) the Committee's and the Board's right to temporarily suspend Licensee's license pursuant to Minn. Stat. § 150A.08, subd. 8, based on a violation of this stipulation and order or based on the conduct of Licensee before or after the date of this stipulation which is not specifically referred to in paragraph B. above.

I. Attendance at Conference. Licensee and Licensee's attorney, John E. Diehl, Larkin, Hoffman, Daly & Lindgren, 1500 Wells Fargo Plaza, 7900 Xerxes Avenue South, Bloomington, Minnesota 55431-1194, telephone (952) 835-3800, attended a conference with the Committee on September 18, 2003. The following Committee members attended the conference Susan Gross, D.D.S., Annie Stone Thelen, D.D.S., and Linda Boyum, R.D.A. Assistant Attorney General Ruth E. Flynn represented the Committee at the conference. Licensee continues to be represented by John Diehl, who has advised Licensee regarding this stipulation and order.

J. Waiver of Licensee's Rights. For the purpose of this stipulation, Licensee waives all procedures and proceedings before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or the rules of the Board, including the right to dispute the facts contained in this stipulation and order and to dispute the appropriateness of discipline in a contested proceeding pursuant to Minn. Stat. ch. 14. Licensee agrees that upon the application of the Committee without notice to or an appearance by Licensee, the Board may issue an order imposing the discipline specified herein. The Committee may participate in Board deliberations and voting concerning the stipulation. Licensee waives the right to any judicial review of the order by appeal, writ of certiorari, or otherwise.

K. Board Rejection of Stipulation and Order. In the event the Board in its discretion does not approve this stipulation or a lesser remedy than specified herein, this stipulation and order shall be null and void and shall not be used for any purpose by either party hereto. If this

stipulation is not approved and a contested case proceeding is initiated pursuant to Minn. Stat. ch. 14 and section 150A.08, Licensee agrees not to object to the Board's initiation of the proceeding and hearing the case on the basis that the Board has become disqualified due to its review and consideration of this stipulation and the record.

L. Record. This stipulation, related investigative reports and other documents shall constitute the entire record of the proceedings herein upon which the order is based. The investigative reports, other documents, or summaries thereof may be filed with the Board with this stipulation. Any reports or other material related to this matter which are received after the date the Board approves the stipulation and order shall become a part of the record and may be considered by the Board in future aspects of this proceeding.

M. Data Classification. Under the Minnesota Data Practices Act, this stipulation and order is classified as public data. Minn. Stat. § 13.41, subd. 5. All documents in the record shall maintain the data classification to which they are entitled under the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. They shall not, to the extent they are not already public documents, become public merely because they are referenced herein.

N. Entire Agreement. Licensee has read, understood, and agreed to this stipulation and is freely and voluntarily signing it. This stipulation contains the entire agreement between the parties hereto. Licensee is not relying on any other agreement or representations of any kind, verbal or otherwise.

O. Service and Effective Date. If approved by the Board, a copy of this stipulation and order shall be served personally or by first-class mail on Licensee's legal counsel. The order

shall be effective and deemed issued when it is signed by the President or Vice-President of the Board.

LICENSEE

COMPLAINT COMMITTEE

Thomas R. Swenson D.D.S.
THOMAS R. SWENSON, D.D.S.

By: Marshall Shragg
MARSHALL SHRAGG
Executive Director

Dated: 2.18.04, 2004

Dated: February 18th, 2004

* * *

ORDER

Upon consideration of the foregoing stipulation and based upon all the files, records, and proceedings herein,

The terms of the stipulation are approved and adopted, the recommended disciplinary action set forth in the stipulation is hereby issued as an order of this Board placing **CONDITIONS** on Licensee's license effective this 26 day of March, 2004.

MINNESOTA BOARD
OF DENTISTRY

By: Linda R. Boyum
~~FREEMAN ROSENBLUM, D.D.S.~~
President

LINDA BOYUM, R.D.A.

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